

Promoting social and emotional development in children with autism:

One school's approach using personal tutorials

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Editorial comment

There is an increasing emphasis of gaining the views of pupils on the autism spectrum to inform plans and in enhancing their social and emotional well-being and mental health. Developing ways of engaging pupils with limited communication is a particular challenge. This paper describes the individual sessions that staff within a specialist school have set up for many of its pupils. The focus and rationale of the work is given and three case studies presented to show how staff have worked successfully with three different pupils with a range of communication skills and needs. Comments from pupils, parents and staff provide some qualitative data on the potential benefits, and commitment to training and skill development amongst the staff for this work is also emphasized.

Introduction

'Personal tutorials always help me out. A lot of things that happen to me run in the past but I can still sense them. It helps to talk to someone I can trust about them.'

In recent years increasing emphasis in educational policy and practice has been given to recognising mental health needs and promoting emotional well-being in children. This has included *Removing Barriers to Achievement, Every Child Matters* and more recently, *The Children's Plan; Building Brighter Futures (2008)* As part of this, the National Strategies produced materials for use in primary schools, *Social and Emotional Aspects of Learning (2007)*. Terms such as Emotional Literacy have become part of the vocabulary for all learners.

In 2002, a national enquiry was launched into the mental health needs of young people with learning disabilities. It is estimated that as many as 1 in 10 children aged between 5 and 16 years in the UK are experiencing mental health problems at any one time (Office for National Statistics). In the case of pupils with SEN, this is believed to be nearer to 1 in 5. In recognition of increasingly complex pupil referrals, the National Association of Special Schools (NASS), which includes many schools for children with autism, launched a review of the mental health needs of pupils within its schools. Amongst its conclusions, the report noted the confusions around the relationship between mental health and diagnosed conditions such as autism, the fact that staff felt inadequately prepared for dealing with these issues and the lack of curriculum and teaching materials.

In the case of autism, difficulties with social understanding are at the heart of the disability. Kanner (1943) described autism as a 'disorder of social affect'. When considering mental health issues in relation to children with autism one of the challenges is to disentangle those features that are part of autism itself from those that may be deemed additional mental health needs. For example, anxiety and obsessional behaviour, two of the most common mental health problems in children, are also an integral part of the profile of autism.

Sutherland House school, like most specialist schools for children with autism, has always taken an holistic approach to education. Alongside structured teaching methods and behaviourally based methodology there has always been an emphasis given to more communication-based and interactive processes (Christie and Wimpory, 1986; Christie et al., 1992). These approaches have also been reflected in a research project involving very young children with autism, based at the Elizabeth Newson Centre (the diagnostic and assessment service associated with the school), and known as Frameworks for Communication (Chandler et al., 2002). The school's population has become increasingly diverse and complex. In September, 2004, The Elizabeth Newson Centre was commissioned to carry out counseling and mentoring with a number of students with Asperger syndrome. This led to the discussion between senior staff at the school, the Governing body and parents to develop a system of tutorials within the school. The key objective was to secure protected time for individual sessions that could encompass interactive work, the development of self-awareness and for some pupils, lead to a discussion surrounding their own diagnosis. Following on from this, a draft protocol was produced of carrying out personal tutorials across the upper school in September 2005, extending throughout the school the following year. Key principles behind the approach were that tutorials were open to all pupils, that parents should be consulted and involved and that staff should be trained and supported in the process.

What is a personal tutorial?

Personal tutorials are typically, 1:1 sessions between a pupil and their nominated tutor, preferably on a weekly basis, but sometimes fortnightly. They usually session happen somewhere quiet and away from the busy classroom environment, are ideally uninterrupted and will last for anything from 30-60 minutes.

Tutors are in the main, members of staff who have key roles within the pupil's class group, but occasionally these are staff who have been deliberately chosen because their current role is slightly removed from the pupil's everyday school situation (e.g. this may be a more senior staff member, a therapist or may be a member of the pupil's previous class who continues as their tutor whilst they settle into a new class). Matching pupils to tutors is done carefully and should take into consideration, individual pupil needs and personality, staff expertise, pupil choice (where appropriate) as well as timetable availability.

It is a crucial feature of effective tutorials that the underlying principles of the approach are understood. To this end, it is recommended that all staff delivering tutorials have attended whole school training as well as receive ongoing supervision. It is essential for tutors to understand that their role as tutor is to provide a supportive, non-judgmental, interactive environment, which can facilitate social and emotional development. This may mean that staff use a different, more personalised and interactive approach during tutorials from the one they use when teaching.

The nature of tutorial sessions relies heavily on shared control between the pupil and adult, with an emphasis on interaction and emotional well-being. In recognition of this, it was felt that it would be inappropriate to set targets which are assessed as achievements. That is not to say that there is no planning for tutorials, but that the issues being addressed within the sessions are looked upon as 'areas of focus', rather than specific aims or objectives. The following are some examples of areas of focus:

Areas of focus

<p>Early Communicator.</p> <ul style="list-style-type: none"> • to choose between 2 preferred activities during the session (using symbols/photos) • to share photos of recent events using 'talking photo album' • to interact with tutor during hand massage • to initiate familiar imitation/anticipation games 	<p>Verbal Pupil.</p> <ul style="list-style-type: none"> • to work through a Social Story about 'fairness' • to grade emotional responses using photos of previous experiences • to discuss problem-solving options if becoming overly anxious • to practise social scripts regarding playing playground games (e.g. suggested dialogue to join or initiate a game)
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The content and nature of personal tutorials varies according to the pupil's age, needs, interests and communicative level. This may include interactive games at a pre-verbal level or stress and self-modulation techniques, through to issues of emotional problem-solving at a complex level, sometimes including discussion of issues surrounding pupils' understanding of their own diagnosis. A range of strategies are drawn upon according to our own understanding and development of a variety of approaches. This has been supported by both internal and external training and support for staff. Strategies include Musical Interaction (Christie et al., 1992), Social Stories (Gray, 1993), Comic Strip Conversations (Gray, 1994), Intensive Interaction (Nind and Hewitt, 1994), Mind Maps (Bouzan, 1993), Augmented and Alternative Communication (AAC) (Checkley, 2006).

How does a personal tutorial session differ from other sessions?

The range of activities offered, the communication facilitated and the personal development encouraged within personal tutorials should of course simply be one part of the wider provision (alongside work with parents and other agencies) offered to our pupils. Therefore, it is reasonable to ask what distinguishes tutorials from other school sessions. The answer lies in looking at the ethos which underpins the approach, plus some organisational priorities.

Tutorials are

- dedicated and prioritised time to meet highly individual needs
- opportunities to let the pupil lead the session and move at their own pace
- exclusive time during which personal issues can be explored
- time away from assessment-driven teaching, where the process itself provides the framework for success to emerge
- a forum to facilitate individual character development and personal reflection
- a means of increasing pupils' long-term self management skills

Case studies to illustrate the process and practice within a tutorial

(All names have been changed to protect identities.)

Case Study 1:

Theo, a 6 year old boy who is in the early stages of developing communication

Theo is six years old. He has had weekly Personal Tutorial sessions with his individual worker, Alison, since June 2007. Sessions take place in a small room that is ordinarily used for Musical Interaction.

Theo is an early communicator. It is generally necessary for those who know him well to interpret his wants and needs, though he may pull adults to the things he wants. Though often accepting, he can quickly become anxious and upset when out of routine and is often tense, showing many self-stimulatory behaviours. Indeed he is rarely still and if not jumping and spinning can be observed vigorously flapping his hands and arms. He is generally content in his own company and in school rarely seeks out others.

At the time of writing, Theo's dad, his main carer, was abroad visiting family. Though notable to communicate his feelings to us, Theo was even more isolated and tense than usual, engaging in constant repetitive flapping movements. It was almost impossible to reach him, even with his favourite 'rough and tumble' games.

Though his Personal Tutorial is only a part of the continuum of opportunities available to him, this was the only session in which there was any change in his mood and behaviour. From the moment he walked through the door, he was calm, relaxed, focused and most amazingly, showed no sign of flapping. He scanned the range of activities that were laid out on a table, picking them up and moving them around. He then chose a CD story by handing the plastic folder to Alison.

After companionably sharing the story he sorted through a pile of music CDs and chose one that his Dad plays in the car. Interestingly, he had not chosen this CD for some time. He took Alison's hands and positioned her ready for the first dance movements. His enjoyment of the connection between them was apparent; he made eye-contact and shared reciprocal smiles as he communicated changes in movement and direction. Each time he carefully looked at Alison's legs and feet to make sure she was following his lead. The movements were rhythmical and showed no signs of the tension and 'stimming' movements that can often overtake him. He was clearly aware that he was in control and showed enjoyment of his ability to influence actions in his world.

Though this provides only a brief snapshot, we feel that through his Personal Tutorials, Theo is beginning to develop an awareness that not only can people be fun, but that they can provide emotional support at times of stress.

Case study 2: Cameron, a 13 year old verbal pupil.

Despite his difficulties in understanding the reciprocal nature of friendships, Cameron is motivated to interact socially. He tends towards rigid thinking and struggles both to see others' viewpoints and to appreciate wider contexts to situations.

He has had tutorials for 6 years. In the main, these have been with members of his classroom staff, but he has maintained regular tutorials with the teacher with whom he first had sessions, because the issues he is working through become more complex as he matures. His tutorials last about an hour and happen in a variety of available quiet spaces around school. Typically, his tutorials include some element of his personal interests, some discussion, relaxation and massage, and an element of visual clarification whether that be scrapbooks, Mindmaps, photos, or CD-Roms.

In the early stages, it was paramount to build rapport with Cameron to create a trusting relationship within which he could be encouraged to feel relaxed and open. Initially, this was achieved by simply listening and recording verbatim what was said, which made him feel not only that what he said was important, but it also helped create a picture of his typical thought processes. Furthermore it allowed for some reflection on previous issues and emotions as he matures.

Some of our conversations were led by him, others had more structure (e.g. sorting photos of facial expressions, grading food/events/emotions, and coping with change). He said,

'It breaks my heart to see unexpected things happening. I can't get over the changes even though I have to accept them'.

With Cameron, it was also invaluable to use occasional silence as a technique. These pauses recognised his delayed processing, allowing him time to initiate conversation and to reflect on what we'd discussed. He said,

'I have to think about things. When I have to get over things I need to do it slow'.

It also contributed to the trust within the relationship and prevented him perceiving time together as unmanageably intense or demanding. Indeed for Cameron, being rushed is a particular problem. He said,

'Rushing is exhausting for me. I didn't have a good day all day because M rushed me this morning...it's a good thing that I remain amazingly cool under pressure'.

Over time, Cameron has been able to work through many difficulties, identify when certain issues are 'finished business', and re-prioritise new issues with some hindsight and introspection. He said,

'I'm still allergic to fireworks. They feel like they're disturbing me. Bonfire night is still the worst time of the year for me. They used to frighten me when I was young, but now they are just irritating.'

It continues to be important to keep sessions regular, as if he misses them, issues start to mount up. Given that he finds social and emotional problem-solving challenging, this can quickly affect his overall well-being.

At 13, these are some current issues:

- I need ways to cope when people try to rush me.
- I hate it that some people kill animals just to eat them.
- Unusual or frightening dreams make me woozy.
- Who should I choose for an adult role model?
- I'm growing up and one day I'll have to move school.
- I don't want to leave my childhood because it doesn't suit me to be independent, responsible or quick.
- How can I make my friends be peaceful and agree with each other?
- Which issues are my worries and which belong to adults?

Cameron is a delightful young man. It is extremely gratifying to see him mature and we continue to learn lots from him. As he says,

"I've got the makings of greatness in me."

Case Study 3: Josh, a 16 year old student with limited communication

Josh had Personal tutorials for a period of approximately two and a half years before he left the school at the age of 18 for an adult residential placement. He has had a high profile, receiving 2:1 staffing. He has therefore had two members of staff present in his tutorials. He had Personal Tutorials twice a week with the class teacher in an initial pivotal role.

Josh's tutorials have used 'fun' interaction-based activities to develop relationships, such as incorporating a 'big' ball – the fit balls often used in gyms. Initially these resources were only used during tutorials and were only available to Josh while he tolerated having members of staff in his room. At first, this resulted in brief but positive sessions. Personal tutorials provided a positive session for staff to develop relationships with Josh at times when his behaviour in other sessions could be particularly challenging.

As the personal tutorials developed, we were able to introduce Josh to lists using four to five key symbols (e.g. big ball, music), and these then formed the agenda for the meetings. The use and understanding of this was then applied out in the community. Josh was able to understand that only activities on the list were available (eg when visiting a café that he was only choosing a drink). Sessions were also used to support Josh in making choices. This began by Josh choosing the final activity in his tutorial and choosing between a preferred item (e.g. coke and something we knew he did not like). At this stage, real items and symbols were used to support clear choice making. When choice making was extended to making a choice between two preferred items, Josh required a high level of support to recognise that he could only choose one of these items. He has now accepted this and is able to understand and make clear choices at school and in the community.

Personal tutorials have had a positive impact on Josh's life. We have been able to provide him with sessions in school over which he has had some ownership – selecting his agenda and making clear choices, and he also feels valued within due to the positive interaction with staff. He has successfully applied skills he has been taught effectively within this forum elsewhere.

How do we know its been worth it?

Like many significant areas of work, evaluating the effectiveness of personal tutorials is not easy. Enjoyment of interaction, gains in self-awareness and emotional resilience do not lend themselves easily to quantitative measurement. This does not make them any less significant. Staff, parents and pupils contribute to qualitative feedback through a variety of means; classroom monitoring, school self-evaluation, staff development meetings, contributions at annual review and the process of discussion and evaluation that is an intrinsic part of the sessions themselves. These have produced very positive feedback and encouragement and comments.

Observation of some of our less verbal pupils has shown them being notably excited by seeing the tutorial symbol on their timetable, and actively agitated if it has had to be postponed. Pupils across the ability range have used different ways of asking for additional ad hoc tutorials. These have included selecting the personal tutorial symbol on their schedule, leading a member of staff towards the room in which their tutorials usually take place or collecting their tutorial resources.

A selection of comments from our more verbal pupils have included the following.

'Tutorials are useful and interesting ... things are better for me now.'

'My tutorials are just right for me...I wouldn't change anything about them. I would tell someone else who is about to start having tutorials to try to relax and just be themselves.'

'I used to think I had to be the one who should change. I don't feel like that now...now I feel it's OK to just be me.'

As part of their contributions to annual reviews or given in feedback to training, parents have added many comments which are supportive to the development of this area of work.

'Helps me to reconsider how I can get into my son's world.'

'The work done in personal tutorials to help my son accommodate his sensory needs has benefited my whole family'

'I feel that personal tutorials work is an essential part of my boys' development. Without emotional well-being it's more difficult to achieve any progress.'

'Lots of practical ideas are explored in personal tutorials that we can then take and use at home.'

Staff have also been encouraged to reflect on their experience as part of classroom monitoring and staff development.

'Working in this way has freed me up to concentrating on building relationships with pupils in my class.'

'Personal tutorials have opened the door to more initiated interaction both within the sessions and back in the classroom.'

'It is very precious to have some nominated time to enjoy being together.'

'Personal tutorials provide useful opportunities to reflect on the pupils' emotional well-being and work together with families to support this progress.'

Concluding comments

The developments described above are a snapshot of a process that was started about four years ago; neither the beginning nor the end! The starting point was to turn a set of beliefs and pockets of practice into a system that could be put in place to benefit a large and very diverse number of pupils. Achieving this required discussion, conceptual development, consultation, dissemination and training.

As any leader or manager in a school will know, there is often a gap between what you say you do and what happens in the day to day. The challenge is to make that gap as small as possible. The work developed under the heading of personal tutorials has required a significant investment of time. This has included staff meetings, training of staff and parents, management time in the development of policy, protocols and monitoring systems. It has also needed to be incorporated into curriculum documentation, timetables and annual review reports in order to give the work the same status as other curriculum areas. This has required a significant amount of organisational commitment to maintain the momentum. It will continue to do so in order to further develop practice.

References

- Bouzan, T (1993) *The mind map scrapbook*. BCA books.
- Chandler, S. Christie, P., Newson, E & Prevezer, W (2002) Developing a diagnostic and intervention package for 2-to3-year-olds with autism: outcomes of the Frameworks for Communication approach. *Autism* 6 (1) 47-69.
- Checkley, R (2006) The impact of high-tech AAC on the language and communication of students with autism. *Good Autism Practice*, 7 (2) 13-21.
- Christie, P & Wimpory, D (1986) Recent research into the development of communicative competence and its implications for the teaching of autistic children, *Communication* 20 (1): 4-7.
- Christie, P., Newson, E., Newson J. & Prevezer, W. (1992) An interactive approach to language and communication for pre-verbal children, in D. Lane and A. Miller (eds) *Handbook of Child and Adolescent Therapy*. Buckingham/Philadelphia PA: Open University Press.
- Count Us In (2002): *The report of the UK committee of inquiry into meeting the mental health needs of young people with learning disabilities aged from 13 to 25*. London: Foundation for People with Learning Disabilities
- Gray, C (1993) *Original Social Stories*. Future Horizons.
- Gray, C (1994) *Comic Strip Conversations*. Jennison Public Schools.
- Kanner, L (1943) Autistic disturbances of affective contact. *Nervous Child*, 2, 217-50.
- Lewis, R., Prevezer, W. & Spencer, R (1996) *Musical Interaction*. Nottingham, Sutherland House School.
- Nind, M & Hewitt, D (1994) *Access to Communication: developing the basics of communication with people with severe learning difficulties through intensive interaction*. London. David Fulton.
- DCSF (2007) *Social and Emotional Aspects of Learning*,
- DCSF (2008) *The Children's Plan; Building Brighter Futures*

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